

INCOME CONTRIBUTION AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF

DELAWARE

NAME OF DEBTOR(S)

WEEMS

CHAPTER 13 CASE #

17-18318 MDC

I, DELORES WEEMS, the person whose name is signed below, hereby swear/affirm that the following are true and correct:

1. The debtor(s) named above is/are my WIFE (specify relationship, for example – mother, father, brother, friend).

2. I contribute financial support in the amount of \$ 7668 on a monthly basis to the debtor(s).

3. The source of my income is WAGES (for example, wages from employment, self-employment, disability payments, Social Security, et cetera). The name of my employer is ED MACY HOME CARE (if applicable).

4. I will continue to make such contributions to the debtor(s) for the entire duration of the Chapter 13 plan of the debtor(s).

Date

9/26/18

Delores Weems
Affiant/Contributor (signature)

DELORES WEEMS
Affiant/Contributor (print name)

Sworn to or affirmed and subscribed to before me by Delores Weems, the Affiant/Contributor identified above, on this 26th day of September, 200 2018

Patricia A. Donohue
Notary Public

[Notarial Seal]

Commonwealth of Pennsylvania

Notarial Seal
PATRICIA A DONOHUE – Notary Public
MEDIA BORO, DELAWARE COUNTY
My Commission Expires Nov 7, 2021